

## UNIFIED PROGRAM (UP) FORM

## BUSINESS ACTIVITIES

Page 1 of \_

## I. FACILITY IDENTIFICATION

FACILITY ID #	F	A			0	0		0	9	3	5	0		1	EPA ID # (Hazardous Waste Only) CAD981690506	2	
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)																	3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility																	

## II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these pages of the UPCF....
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4 4 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) 4 TRAINING PLAN
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7 4 UST FACILITY 4 UST TANK (one page per tank) 4 UST FACILITY 4 UST TANK (one per tank) 4 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) 4 UST TANK (closure portion –one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8 NO FORM REQUIRED TO CUPAs
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14 4 EPA ID NUMBER – provide at the top of this page. 4 As a generator, answer YES to Item E2b and complete Waste Generator Form. 4 RECYCLABLE MATERIALS REPORT 4 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY 4 ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) 4 CERTIFICATION OF FINANCIAL ASSURANCE 4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION 4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
<b>E. LOCAL REQUIREMENTS</b>	
<b>1. REGULATED SUBSTANCES</b>	
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15a In addition to Hazardous Materials requirements, complete: 4 Regulated Substance Registration 4 Risk Management Plan (when required)
<b>2. OTHER REQUIREMENTS</b>	
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15b
b. Required by a CUPA or PA to provide other information?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 15c 4 Waste Generator Form (LA County)

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
-------------------	---------	----	----	-----	-----	-----	----	------	----

**UNIFIED PROGRAM (UP) FORM**  
**BUSINESS OWNER/OPERATOR IDENTIFICATION**

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE 10 / 30 /06)

PAGE OF

**I. IDENTIFICATION**

FACILITY ID#	F	A			0	0		0	9	3	5	0		1	BEGINNING DATE	100	ENDING DATE	101	
															01-01-06		12-31-06		
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)															3	BUSINESS PHONE			102
City of Los Angeles, GSD/FS, North Hollywood Repair Facility																818-756-8466			
BUSINESS SITE ADDRESS																			103
12201 Sherman Way																			
CITY North Hollywood														104	CA	ZIP CODE 91605			105
DUN & BRADSTREET															106	SIC CODE (4 digit #)			107
COUNTY Los Angeles															108	UNINCORPORATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			133a.
BUSINESS OPERATOR NAME															109	BUSINESS OPERATOR PHONE			110
Timothy Schendel																818-756-8466			

**II. BUSINESS OWNER**

OWNER NAME	111	OWNER PHONE	112		
City of Los Angeles, General Services, Fleet Services		213-485-4962			
OWNER MAILING ADDRESS				113	
2310 E. 7 <sup>th</sup> Street					
CITY Los Angeles	114	STATE CA	115	ZIP CODE 90023	116

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	117	CONTACT PHONE	118		
Darlene McKinney		213-978-3786			
CONTACT MAILING ADDRESS				119	
111 E. 1 <sup>st</sup> Street, 6 <sup>th</sup> Floor, Rm 600. Mail Stop 774					
CITY Los Angeles	120	STATE CA	121	ZIP CODE 90012	122

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	123	NAME	128
Timothy Schendel		Richard Coulson	
TITLE	124	TITLE	129
Automotive Supervisor		Superintendent	
BUSINESS PHONE 818-756-8466	125	BUSINESS PHONE 213-485-5106	130
24-HOUR PHONE City Hall Operator 213 485-2121	126	24-HOUR PHONE City Hall Operator 213 485-2121	131
Phone # GSD Security 213 485-5605	127	Phone # GSD Security 213 485-5605	132

**V. ADDITIONAL LOCALLY COLLECTED INFORMATION**

NUMBER OF EMPLOYEES 44	133b	FEDERAL TAX IDENTIFICATION NUMBER	133c
------------------------	------	-----------------------------------	------

**MAILING/ BILLING INFORMATION**

ADDRESS	133d	CITY	133e	STATE	133f	ZIP CODE	133g
111 E. 1 <sup>st</sup> Street, 6 <sup>th</sup> Floor, Rm 600. Mail Stop 774		Los Angeles		CA		90012	

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT Prepare	135
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	

<b>OFFICIAL USE ONLY</b>	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION				

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**COVER PAGE**

<b>FACILITY IDENTIFICATION</b>			
BUSINESS NAME City of Los Angeles, GSD/FS, North Hollywood Repair Facility	3	FACILITY ID # 1 FA0009350	
SITE ADDRESS 12201 Sherman Way	103	CITY North Hollywood	104
		ZIP CODE	105 91605

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ☐ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ☐ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ☐ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

**A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of the Business Plan will be kept in supervisor office, in a three-ring binder labeled as Business Plan. A copy of the Consolidated Contingency Plan will be posted for all employees to review.

<b>PLAN CERTIFICATION</b>	
<i>I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.</i>	
Printed Name of Owner/ Operator	Title of Owner/Operator Automotive Supervisor
Signature of Owner/ Operator	Date

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

## **ADVISORY**

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ⌘ the plan fails in an emergency,
- ⌘ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ⌘ the list of emergency coordinators changes, or
- ⌘ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

*UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.*

**Unified Program (UP) Form**  
**CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

I. FACILITY IDENTIFICATION			
BUSINESS NAME City of Los Angeles, GSD/FS, North Hollywood Repair Facility	3	FACILITY ID # 1 FA0009350	
SITE ADDRESS 12201 Sherman Way	103	CITY North Hollywood	104
		ZIP CODE	105
			91605

II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME Timothy Schendel	123	NAME Richard Coulson	128
TITLE Automotive Supervisor	124	TITLE Superintendent	129
BUSINESS PHONE 818-756-8466	125	BUSINESS PHONE 213-485-5106	130
24-HOUR PHONE City Hall Operator 213-485-2121	126	24-HOUR PHONE City Hall Operator 213-485-2121	131
Phone # GSD Security 213-485-5605	127	Phone # GSD Security 213-485-5605	132

III. EMERGENCY RESPONSE PLANS AND PROCEDURES	
A. Notifications	
<p>Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:</p> <p style="text-align: center;">FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 9-911</p> <p><b>AFTER</b> the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.</p> <p>Local Unified Program Agency: (323) 890-4317          State Office of Emergency Service: (800) 852-7750 or (916) 845-8911          National Response Center: (800) 424-8802</p>	

Information to be provided during Notification:	
☐	Your Name and the Telephone Number from where you are calling.
☐	Exact address of the release or threatened release.
☐	Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
☐	Material and quantity of the release, to the extent known.
☐	Current condition of the facility.
☐	Extent of injuries, if any.
☐	Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility	
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material	
HOSPITAL/CLINIC: Serra Medical Clinic	PHONE NO: 818-504-4774
ADDRESS: 9375 San Fernando Road	
CITY: Sun Valley	ZIP CODE: 91352

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

<b>C. Private Emergency Response</b>	
<b>DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.	
<b>CLEANUP/DISPOSAL CONTRACTOR</b>	
List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR: Clean Harbors	PHONE NO: 310-764-5851
ADDRESS: 2500 E. Victoria Street	
CITY: Compton	ZIP CODE: 90220
<b>D. Arrangements With Emergency Responders</b>	
If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:	
<b>E. Evacuation Plan</b>	
1. The following alarm signal(s) will be used to begin evacuation of the facility ( <i>check all which apply</i> ):  <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Telephone ( <i>including cellular</i> ) <input type="checkbox"/> Alarm System <input checked="" type="checkbox"/> Public Address System <input type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input checked="" type="checkbox"/> Other ( <i>specify</i> ): Air Horn	
2. <input checked="" type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input checked="" type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated: Supervisors or Acting Supervisors	
<b>F. Earthquake Vulnerability</b>	
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Bench/ Lab	<input type="checkbox"/> Production Floor <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Process Lines	
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input checked="" type="checkbox"/> Utilities <input type="checkbox"/> Racks <input checked="" type="checkbox"/> Process Piping	<input checked="" type="checkbox"/> Sprinkler Systems <input checked="" type="checkbox"/> Pressure Vessels <input checked="" type="checkbox"/> Shut off Valves
<input type="checkbox"/> Cabinets <input checked="" type="checkbox"/> Gas Cylinders <input type="checkbox"/> Other:	<input type="checkbox"/> Shelves <input checked="" type="checkbox"/> Tanks



**Unified Program (UP) Form**  
**CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

<b>G.</b>	<b>Emergency Procedures</b>
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:	
<b>1. PREVENTION</b> (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.	
The hazards associated with most petroleum products are skin irritation, eye contact, inhalation danger and danger of explosion or fire.	
Prevention - 1. All employees are trained in safety measures and proper handling.	
2. All materials are stored properly in bermed areas and containment containers.	
3. Signs are posted. 4. Hazardous waste is stored for only 90 days.	
5. Minimum of products used is stored. 6. MSDS and protective equipment are readily available.	
<b>2. MITIGATION</b> (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?	
1. Evacuate employees as necessary	
2. Notify Fire Department 9-911	
3. Notify State Office of Emergency Services (O.E.S.) 800 852-7550	
4. Remove any source of possible ignition.	
5. Ventilate area	
<b>3. ABATEMENT</b> (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?	
To stop a limited release - 1. Refer to M.S.D.S. 2. Confine spill with sand bags 3. Soak up with absorbent materials	
to clean up a release. 4. Collect the contaminated waste and dispose of in accordance with local, state and federal hazardous waste regulations	

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

**IV. Emergency Equipment**

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

**EMERGENCY EQUIPMENT INVENTORY TABLE**

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input checked="" type="checkbox"/> Cartridge Respirators	E-4	
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input checked="" type="checkbox"/> Chemical Protective Aprons/Coats	Various Loc's	
	<input checked="" type="checkbox"/> Chemical Protective Boots	Various Loc's	
	<input checked="" type="checkbox"/> Chemical Protective Gloves	Various Loc's	
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input checked="" type="checkbox"/> Face Shields	Various Loc's	
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)		
	<input checked="" type="checkbox"/> Hard Hats	Various Loc's	
	<input checked="" type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)	Various Loc's	
	<input checked="" type="checkbox"/> Respirator Cartridges (describe)	E-4	
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	Various Loc's	
	<input checked="" type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other (describe)		
Fire Extinguishing Systems	<input checked="" type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input checked="" type="checkbox"/> Fire Alarm Boxes/Stations	E-6	
	<input type="checkbox"/> Fire Extinguisher Systems (describe)		
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	I-9	
	<input checked="" type="checkbox"/> Berms/Dikes (describe)	I-9	
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input checked="" type="checkbox"/> Overpack Drums	I-9	
	<input type="checkbox"/> Sumps (describe)		
	<input type="checkbox"/> Other (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input checked="" type="checkbox"/> Intercoms/ PA Systems	E-6	
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones	E-5	
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	G-6	Veeder Root System
	<input type="checkbox"/> Other (describe)		
Additional Equipment (Use Additional Pages if Needed.)			

\* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.



**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

**V. EMPLOYEE TRAINING**

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

<input type="checkbox"/>	Familiarity with all plans and procedures specified in the Contingency Plan.
<input type="checkbox"/>	Methods for Safe Handling of Hazardous Materials.
<input type="checkbox"/>	Safety procedures in the event of a release or threatened release of a hazardous material.
<input type="checkbox"/>	Use of Emergency Response equipment and supplies under the control of the business.
<input type="checkbox"/>	Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ☐ Initially for all new employees.
- ☐ Annually, including refresher courses, for all employees.

*Note: These training programs may take into consideration the position of each employee.*

Additional training should include:

- ☐ Internal alarm/notification procedures.
- ☐ Evacuation/re-entry procedures and assembly point locations.
- ☐ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

**VI. HAZARDOUS WASTE GENERATOR TRAINING**

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

<b>EMPLOYEE TRAINING</b>	
<input type="checkbox"/>	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
<input type="checkbox"/>	Employees will not handle hazardous wastes without supervision until trained.
<b>TRAINING DOCUMENTATION</b>	
The owner or operator must maintain the following documents and records at the facility:	
<input type="checkbox"/>	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
<input type="checkbox"/>	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
<input type="checkbox"/>	Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.
<input type="checkbox"/>	Records that document that the requirements for training or job experience have been met.
<input type="checkbox"/>	Current employees' training records (to be retained until closure of the facility).
<input type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment).

**Unified Program (UP) Form**  
**CONSOLIDATED CONTINGENCY PLAN**

INTENTIONALLY LEFT BLANK

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN**

<b>I. FACILITY IDENTIFICATION</b>			
BUSINESS NAME City of Los Angeles, GSD/FS, North Hollywood Repair Facility	3	FACILITY ID # 1 FA0009350	
SITE ADDRESS 12201 Sherman Way	103	CITY North Hollywood	104
		ZIP CODE	105 91605
<b>II. MONITORING PLAN AND PROCEDURES</b>			
<b>1. The frequency of monitoring is as follows:</b>			
a. Tank: Continuous			
b. Piping: Continuous			
<b>2. The methods and equipment (name and model) used for monitoring include:</b>			
a. Tank: Veeder - Root TLS-350 Monitoring System			
b. Piping: Veeder - Root TLS-350 Monitoring System			
<b>3. The location (s) where monitoring will be performed include:</b>			
Veeder Root mounted by compressor room.			
Attach one page plot plan showing:			
1. Location of underground storage tanks, buildings, and property lines.			
2. Location of monitoring points and the monitoring system is located.			
<b>4. The name(s) of responsible person (s) performing the monitoring and/or maintaining the equipment include:</b>			
Sean Sullivan 213-978-3781			
<b>5. The reporting format for all monitoring performed is as follows:</b>			
a. Tank: Print-Out at Control Panel			
b. Piping: Print-Out at Control Panel			
<b>6. The preventative maintenance schedule for the monitoring equipment is:</b>			
Annual System Certification			
<b>7. The training necessary for the operation of UST systems, including piping and monitoring equipment includes:</b>			
Level 2 and 3 Certification by Veeder - Root Corp.			
Note: Training is scheduled and provided on _____ Ann _____ basis and training records for personnel are kept at the facility.			

*Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.*

**Unified Program (UP) Form  
CONSOLIDATED CONTINGENCY PLAN**

**SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN**

**III. EMERGENCY RESPONSE PLAN**

**1. If an unauthorized release occurs, hazardous substances will be cleaned up by:**

Clean Harbors under contract with City of Los Angeles for Haz-Mat Response

**2. Agency notifications will be made as detailed in Section I of the Contingency Plan, and the local agency responsible for Underground Storage Tanks (USTs) shall be notified as required by state and local laws and regulations.**

Local UST Agency L.A. City Fire Department

Phone 213-978-3680

**3. The following persons are responsible for authorizing work necessary under the response plan:**

Name	Title	Phone
Sean Sullivan	Sr. Plumber	213-978-3781
Joshua Muncie	Plumber	213-978-3799
Rene Villa-Agustin	Sr. Mgmt. Analyst	213-978-3795

Additional Persons

**4. The proposed methods and equipment to be used for removing and properly disposing of hazardous substances and cleanup wastes are the following:**

To be determined by the Haz-Mat contractor at the time of the incident based on the proper safety and cleanup protocols

**5. The location and availability of the required cleanup equipment listed in item #4 is as follows:**

With contractor

**6. The maintenance schedule for the cleanup equipment is as follows:**

Unknown

**7. Additional information:**

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA
-----	----	-----	-------	----------	------	----

# Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

## SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

**1. Site Plan:** This drawing shall contain, at a minimum, the following information:

- a. Site Orientation (north, south, etc.);
- b. Approximate scale (e.g. "1 inch = 10 feet");
- c. Date the map was drawn;
- d. Locations of all buildings and other structures;
- e. Parking lots and internal roads;
- f. Hazardous materials loading/unloading areas;
- g. Outside hazardous materials storage or use areas;
- h. Storm drain and sanitary sewer drain inlets;
- i. Wells for monitoring of underground tank systems;
- j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- k. Adjacent property use;
- l. Locations and names of adjacent streets and alleys;
- m. Access and egress points and roads.

**2. Storage Map(s):** The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. *individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3", "A", "B", "C", etc.);
- c. Entrances to and exits from each building and hazardous material/waste room/area;
- d. Location of each utility emergency shut-off point (i.e. *gas, water, electric*);
- e. Location of each monitoring system control panel (e.g. *underground tank monitoring, toxic gas monitoring, etc.*).

**3. Map Legend**

Item and/or Description	Location Code (LC)
Carbon Dioxide	E-3, E-4
Acetylene	E-3, E-4
Argon	E-3, E-4
Oxygen	E-3, E-4
Aqua works MPC Cleaning Solution	Various Locations
Ethylene Glycol	G-7
Helium	E-3, E-4
Grease	Repair Shop/ I-9
Motor Oil	Repair Shop/ I-9
Hydraulic Oil	Repair Shop/ I-9
Gear Lubricant	Repair Shop/ I-9
Automatic Transmission Fluid	Repair Shop/ I-9
Turf Protector Oil	Repair Shop/ I-9
Powerball	Repair Shop/ I-9
Used Drained Oil Filters	G-7 I-9
Waste Batteries	I-2

### 3. Map Legend Continued

[illegible]

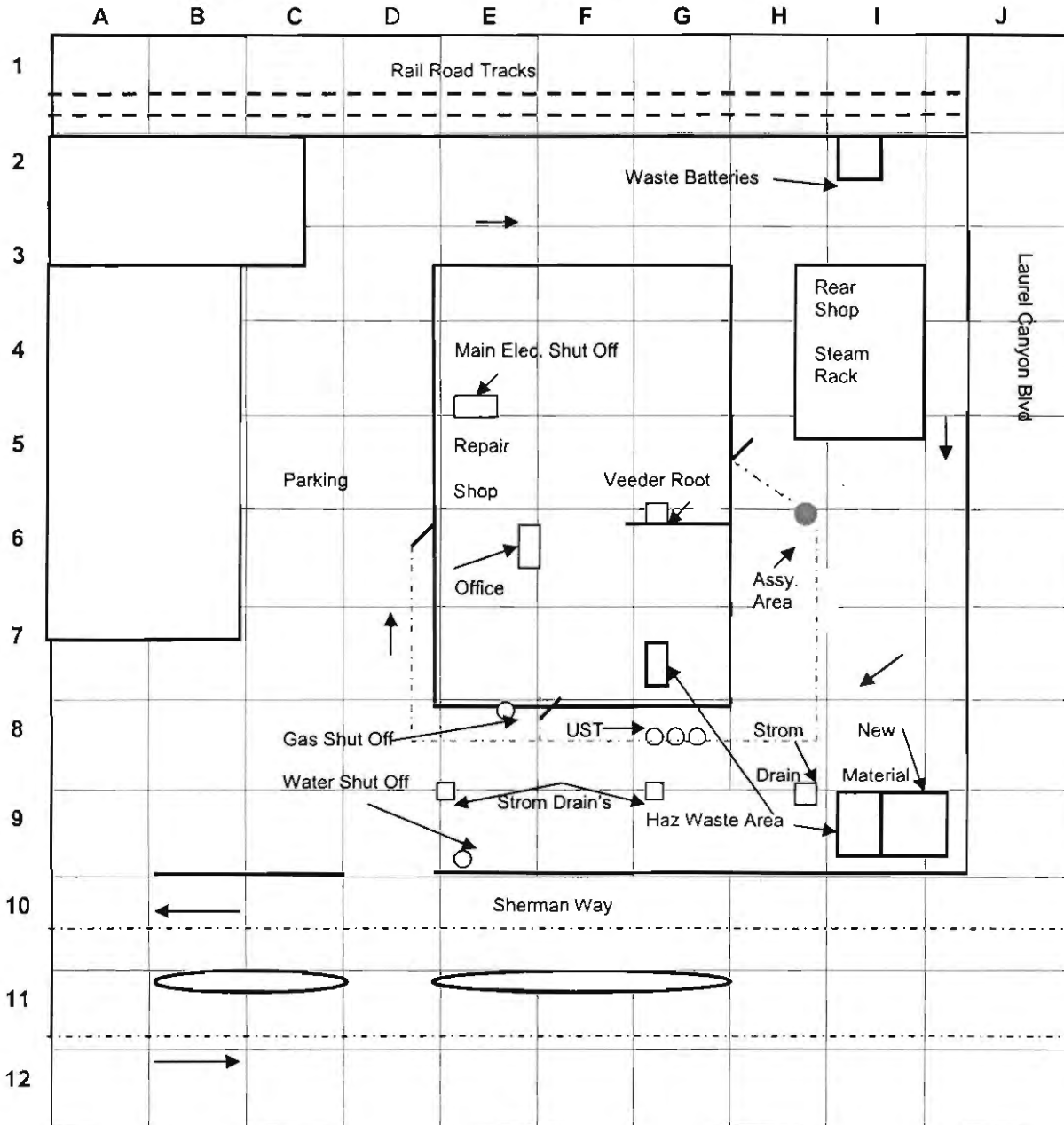


# Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

## SITE MAP

BUSINESS NAME City of Los Angeles, GSD/FS, North Hollywood Repair Facility			3
SITE ADDRESS 12201 Sherman Way	103	CITY North Hollywood	104
		ZIP CODE 91605	105
DATE MAP DRAWN 01-10-2007	MAP # 1	FACILITY ID # FA 00 09350	1

North



For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:

1" = \_\_\_\_\_ Ft.

North

Y X

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

# UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

PAGE      OF

BUSINESS NAME: City of Los Angeles, GSD/FS, North Hollywood Repair Facility			3
FACILITY ID # FA00093530	NUMBER OF EMPLOYEES: 44	EPA ID # CAD981690506	2

## I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY

	RCRA GENERATOR (FEDERAL WASTE)	NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>

## II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS	WASTE DESCRIPTION	WASTE ID	AMOUNT PER YEAR	DISPOSAL METHOD	STORAGE METHOD
Vehicle Maintenance	Waste Oil	221	6000 Gallons	D	B
Vehicle Maintenance	Used Oil Filters	181	2000 pounds	D	A
Vehicle Maintenance	Antifreeze	135	440 gallons	D	A
Vehicle Maintenance	Aquas Parts Washer Solution	134	1600 gallons	B	E
Vehicle Maintenance	Absorbent with Oil	352	300 pounds	B	A
Vehicle Maintenance	Waste Batteries		100 Ea	D	D

*I certify that the information provided herein is true and accurate to the best of my knowledge.*

OWNER/OPERATOR NAME	OWNER/OPERATOR TITLE
OWNER/OPERATOR SIGNATURE	DATE

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT      INSPECTOR